Massachusetts Department of Mental Health Cultural Competence Action Plan FY'05-07

PURPOSE STATEMENT: The purpose of the Cultural Competence Action Plan (CCAP) is to operationalize the Department's mission on culturally competent care to ensure that the unified public behavioral health system is attentive to the mental health needs and effective care of culturally and linguistically diverse populations, including at-risk immigrants and refugees.

Area of Focus	Goal / Objective	Key	Outcome - FY 2005	Outcome - 2006	Outcome - FY 2007
Community Partnerships	**GOAL Partner with multicultural communities in the planning, development and implementation of culturally & linguistically effective mental health services within a unified public behavioral health system.** **Objective A.** Increase cultural competence[1] / diversity to reduce mental health disparities[2]. 1. "Cultural competence is the integration and transformation of knowledge, information and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that match the individual's culture and increase the quality and appropriateness of health care and outcomes." (Davis, 1997)	MAC ` OMCA	**(A.1)** Multicultural Advisory Committee (MAC) and the Office of Multicultural Affairs (OMCA) will produce system recommendations, including promising practices and performance measures, that will better serve the mental health needs of racially / ethnically / culturally diverse communities.	**(A.1)** The Multicultural Advisory Committee will produce at least one new performance measure for the 2006-2007 State Mental Health Plan based on the system recommendations that address the reduction of mental health disparities. • Complete data analysis comparing populations served with census and population-specific prevalence rates	**(A.1)** The Multicultural Advisory Committee will monitor the outcome of its proposed measure(s) and develop new measures from system recommendations, if needed, to reduce mental health disparities in a unified public behavioral health system.
		MAC ` SPC OMCA	**(A.2)** The Multicultural Advisory Committee will affiliate as a subgroup to the State Mental Health Planning	**(A.2)** The Multicultural Advisory Committee continues to partner with the State Mental Health Planning Council to promote the needs of identified	**(A.2)** The Multicultural Advisory Committee continues to partner with the State Mental Health Planning Council to promote the needs

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Community Partnerships	2. "Disparities" reported in the President's New Freedom Commission on Mental Health (2003), Unequal Treatment, Institute of Medicine (2002), and Mental Health: Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General (2001); Disparities conceptualized in areas of prevalence, incidence, services, treatment, rehabilitation, recovery, prevention, participation, outcomes, acceptable norms, personal choice and racial causation (Davis, 2003)	OMCA ` CPS PO	Council (SPC) and will designate two members to join the State Mental Health Planning Council. **(A.3)** Provide ongoing community forum(s) and outreach activities with diverse community organizations to seek input on DMH initiatives that are guided by the community in their development and implementation. • Identify social marketing strategies to reduce mental health disparities • Develop objectives for transition age youth (Youth Development Committee) • Integrate Family Mental Health System Parent/Professional Advocacy League (PAL) • Include cultural competence information in Eliminating Barriers Initiative (EBI)	multicultural/multilinguistic communities. • Create an action plan to address the reduction of mental health disparities of the identified communities **(A.3)** Provide ongoing community forum(s) and outreach activities with diverse community organizations on the system recommendations and provide continuing input to DMH and MassHealth adult behavioral health systems. • Pilot a social marketing approach to a specific target population to address disparities • Ensure cultural competence objectives for transition age youth (Youth Development Committee) • Integrate Family Mental Health System Parent/Professional Advocacy League (PAL) • Present DMH Cultural Competence Action Plan & initiatives	of identified multicultural/multilinguistic communities. • Monitor progress and develop further actions toward the reduction of mental health disparities in a unified public behavioral health system **(A.3)** Provide ongoing community forum(s) and outreach activities with diverse community organizations on progress toward reduction of mental health disparities and provide continuing input to DMH and MassHealth adult behavioral health systems. • Provide education and information about access to a unified public behavioral health system • Reduce mental health disparities through social marketing for additional target populations • Ensure cultural competence objectives for transition age youth (Youth Development Committee) • Integrate Family Mental Health System Parent/Professional Advocacy League (PAL)

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Leadership				
GOAL **Promote leadership in cultural competence / diversity to reduce mental health disparities.**				
Objective A. Establish a multicultural / diversity committee in each DMH area, including the DMH Central Office.	OMCA ` CCAT Area Committee	**(A)** Establish an area-wide multicultural / diversity committee with representation from sites/facilities as appropriate. The local CCAT representative(s) will be included. • Renew Area & Central Office representatives on the statewide CCAT	**(A)** Operationalize area-wide multicultural / diversity committees. • Develop mission & values • Create Area-wide multicultural / diversity plan with measurable outcomes approved by the Commissioner • Develop annual progress report	**(A)** Maintain area-wide multicultural / diversity committees. • Implement Area-wide multicultural / diversity plan • Build on previous year's activities and Area needs to create the next multicultural diversity plan with measurable outcomes approved by the Commissioner • Develop annual progress report
Objective B. Increase the level of leadership skills of the Cultural Competence Action Team (CCAT).		**B)** Train CCAT representatives to articulate the CCAP to reduce mental health disparities and participate in local and statewide unified public behavioral health system planning activities. • Develop training curriculum on cultural competence leadership	**(B)** Provide resources/support to CCAT representatives to identify them as information leaders for local multicultural / diversity committees in their development of local multicultural / diversity plans. • Complete Phase II of cultural competence leadership training	**(B)** Provide resources/support to CCAT representatives to identify them as information & technical leaders to the local multicultural / diversity committees in their development of local multicultural / diversity plans. • Develop advanced cultural competence leadership training module

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Leadership					
			• Complete Phase I of cultural competence leadership training		
	Objective C. Enhance the leadership role of the Multicultural Advisory Committee to promote cultural competence and diversity.	CCAP ` Comm. Partner (A.1)	**(C)** Provide resources to the MAC to assist in their articulation of issues and solutions to the reduction of mental health disparities. • Provide information on national trends, standards and best practice models to reduce mental health disparities	**(C)** Continue to provide resources to the MAC to assist in their articulation of issues and solutions to the reduction of mental health disparities. • Operationalize system recommendations of best practice models on cultural and linguistic competence to reduce mental health disparities in a unified public behavioral health system	**(C)** Continue to provide resources to the MAC to assist in their articulation of issues and solutions to the reduction of mental health disparities. • Evaluate the overall effectiveness of community leadership activities to reduce mental health disparities

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Training and Education				
GOAL Integrate cultural competence and diversity into staff training, staff development and educational activities. **Objective A**. Enhance current and future training with appropriate cultural competence / diversity topics.	OMCA Training Dirs ` EOHHS	**A.1)** Continue to revise the diversity/cultural competence curriculum for DMH employees. • Train managers / supervisors • Include diversity/cultural competence in new employee orientation **(A.2)** Disseminate Clinical Competence in Working with Culturally and Linguistically Diverse Clients curriculum to selected DMH sites and providers to gather input regarding applicability to their staff development. **(A.3)** Identify an integrated training model of clinical competence in working with culturally and linguistically diverse populations.	**(A.1)** Continue to deliver the diversity/cultural competence curriculum to at least 30% of DMH employees including Central Office personnel. • Continue to include diversity/cultural competence in new employee orientation **(A.2)** Make the Clinical Competence in Working with Culturally and Linguistically Diverse Clients curriculum available to DMH sites and providers and provide technical assistance and training. **(A.3)** Develop an integrated training model of clinical competence in working with culturally and linguistically diverse populations that includes a feasibility study.	**(A.1)** Deliver the diversity/cultural competence curriculum to the remaining DMH employees. • Continue to include diversity/cultural competence in new employee orientation **(A.2)** Make the Clinical Competence in Working with Culturally and Linguistically Diverse Clients curriculum available to DMH sites and providers and provide technical assistance and training. **(A.3)** Pilot an integrated training model of clinical competence in working with culturally and linguistically diverse populations.
Objective B. Provide forum(s) for sharing research, training, "best practices", policy and program development.		**(B.1)** Continue to support Area presentations & conference(s) to increase culturally & linguistically effective care.	**(B.1)** Develop an evidence-based systems approach for a Training Institute to address racial and ethnic mental health care disparities.	**(B.1)** Organize an annual statewide Training Institute to address racial and ethnic mental health care disparities for managers and direct care staff.

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Human Resources					
	GOAL **Recruit and retain a culturally diverse workforce at all levels of the organization that reflects the cultural communities in the Commonwealth**				
	Objective A. Support Executive Office of Health & Human Services (EOHHS) & DMH to increase the recruitment of linguistically, racially, culturally and ethnically diverse staff	OMCA ` EOHHS HRD	**(A.1)** Participate in EOHHS recruitment activities. • EOHHS Diversity Committee • HRD target recruitment **(A.2)** Identify Area promising recruitment models	**(A.1)** Participate in EOHHS recruitment activities. • EOHHS Diversity Committee • HRD target recruitment **(A.2)** Develop an enhanced recruitment model	**(A.1)** Participate in EOHHS recruitment activities. • EOHHS Diversity Committee • HRD target recruitment **A.2)** Implement and evaluate the DMH recruitment model
	Objective B. Retain linguistically, racially, ethnically and culturally diverse staff	OMCA ` EOHHS HRD	**(B)** Career opportunities provided for staff who demonstrate linguistic and culturally competent skills • EOHHS Diversity Initiatives • Area promising practice highlights	**(B)** Career opportunities provided for staff who demonstrate linguistic and culturally competent skills • EOHHS Diversity Initiatives • Support existing promising practices	**(B)** Career opportunities provided for staff who demonstrate linguistic and culturally competent skills • EOHHS Diversity Initiatives • Expand existing promising practices
	Objective C. Implement the Governor's Diversity Initiative	CCAP ` Training Education (A.1)	**(C)** An integrated and effective diversity and cultural competence agenda that is responsive to the needs of the diverse workforce • Develop training curriculum	**(C)** An integrated and effective diversity and cultural competence agenda that is responsive to the needs of the diverse workforce • Deliver training • Develop & implement agency's diversity plan	**(C)** An integrated and effective diversity and cultural competence agenda that is responsive to the needs of the diverse workforce • Deliver training • Implement agency's diversity plan

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Services					
	GOAL Assure strengthened access and availability of culturally and linguistically competent services throughout the entire DMH service delivery system.				
	Objective A. Integrate cultural competence expectations into all services and programs.	CPS PO ` OMCA	**(A.1)** Revise cultural competence standards and training related to RFR procurement and implementation. • Population analysis • Penetration rate • Prevalence rate • Client profile • RFR evaluation tool • Service standards • Clinical standards	**(A.1)** Incorporate cultural competence standards and training into the procurement of a unified public behavioral health system. § RFI § RFR	**(A.1)** Maintain cultural competence standards and training in the service procurement process.
		OMCA ` CPS	**A.2)** Identify cultural competence indicators in new DMH quality management plan. • CCAP indicators • MAC indicators (see Community Partnerships, Objective A)	**(A.2)** Incorporate Quality Management initiatives on cultural competence into all RFRs. • Performance based contracting • JCAHO/CMS • Client satisfaction surveys • Contract negotiations • Monitor affiliation agreements • Human Rights	**(A.2)** Review selected DMH-operated and contracted services for inclusion of cultural competence. • Performance based contracting • JCAHO/CMS • Client satisfaction surveys • Contract renewal negotiations • Monitor affiliation agreements • Human Rights

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Services				
	Objective B. Enhance interpreter and translation services.	OMCA ` CPS PO	**(B.1)** Identify standards and develop procedures. • Coordinate interpreter/translation services • Support DMH licensing division to monitor implementation of interpreter services legislation and other legal mandates • Develop "Interpreter Services: A Handbook for DMH Employees"	**(B.1)** Adopt and monitor standards • Coordinate interpreter/translation services • Develop & distribute utilization reports by language and site • Support DMH licensing division to monitor implementation of interpreter services legislation and other legal mandates • Develop client / provider evaluation pilot • Train staff on "Interpreter Services: A Handbook for DMH Employees" • Assess effectiveness of training to determine increased access (pre/post test)	**(B.1)** Maintain standards and revise procedures • Coordinate interpreter/translation services • Monitor and distribute utilization reports by language and site • Support DMH licensing division to monitor implementation of interpreter services legislation and other legal mandates • Continue client / provider evaluations • Train staff on "Interpreter Services: A Handbook for DMH Employees"
			(B.2) Maintain statewide interpreter pool.	**(B.2)** Monitor statewide interpreter access and increase specific language capacity, if needed. • Develop and pilot 24/7/365 emergency response procedures	**O/CMS** Cliitor statewide interpreter capacity and increase specific language capacity, if needed. • Monitor 24/7/365 emergency response procedures • Identify new technologies (e.g. tele-conferencing)

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Services				
Objective C. Develop new services / programs and/or modify existing services / programs to meet the needs of unserved or underserved populations.	**OMCA** ` **CPS MHIS**	**(C)** Continuously identify and integrate needs of underserved or unserved populations into statewide and area planning processes. • Develop a model of population demographics, penetration and prevalence analysis to guide program development / modification.	**(C)** Continuously identify and integrate needs of underserved or unserved populations into statewide and area planning processes. • Use population demographics, penetration and prevalence analysis of DMH areas to guide program development / modification through procurement. • Identify funding sources for recommended program development / modification.	**(C)** Continuously identify and integrate needs of underserved or unserved populations into statewide and area planning processes. • Monitor changes in penetration rate based on population demographics of DMH areas to guide further program development/ modification. • Identify funding sources for recommended program development/ modification.
Objective D. Provide statewide cultural competence consultation to clinical settings.		**(D)** Coordinate cultural consultation, as needed, through OMCA.	**(D)** Provide cultural competence consultation as needed. • Directory • Identify teleconferencing technology	**(D)** Provide cultural competence consultation as needed. • Directory • Develop a pilot on teleconferencing technology

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Information		OMCA ` AIT			
	GOAL Promote communication and information dissemination on issues related to cultural competence and diversity.				
	Objective A. Create clearinghouse and disseminate information related to issues of cultural competence and diversity.		**(A.1)** Make the Cultural Competence Action Plan, Multicultural Populations Resource Directory, translated materials catalog, training curricula and bibliography available on: • Intranet, Internet, OMCA	**(A.1)** Updated Multicultural Populations Resource Directory, translated materials catalog, bibliography and web-links on cultural competence available on: • Intranet, Internet, OMCA	**(A.1)** Updated Multicultural Populations Resource Directory, translated materials catalog, bibliography and web-links on cultural competence available on: • Intranet, Internet, OMCA
			(A.2) Share information and resources on regular basis with senior managers, area-wide multicultural / diversity committees, MAC and on Intranet. Include: • CCAT minutes • OMCA quarterly updates • Implementation of Cultural Competence goals and performance measures of Annual State Mental Health Plan • Area-based multicultural training and educational initiatives	**(A.2)** Share updated information and resources on regular basis with senior managers, area-wide multicultural / diversity committees, MAC and DMH websites. Include: • CCAT minutes • OMCA quarterly updates • Implementation of Cultural Competence goals and performance measures of Annual State Mental Health Plan • Area-based multicultural training and educational initiatives	**(A.2)** Share updated information and resources on regular basis with senior managers, area-wide multicultural / diversity committees, MAC and DMH websites. Include: • CCAT minutes • OMCA quarterly updates • Implementation of Cultural Competence goals and performance measures of Annual State Mental Health Plan • Area-based multicultural training and educational initiatives
	Objective B. Evaluate usefulness of shared information (e.g. A.1; A.2).		**(B)** Develop evaluation tool to assess usefulness of shared multicultural information. The tool is piloted to CCAT.	**(B)** Use evaluation tool to assess usefulness of shared multicultural information with CCAT, MAC and Commissioner's Senior Managers.	**(B)** Use evaluation tool to assess usefulness of shared multicultural information with all DMH staff.

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Data & Research	**GOAL** Use demographic information about DMH clients and applicants to inform decisions about policy development, clinical practice, research, program development, service delivery and workforce development.				
	Objective A. Improve accuracy of demographic information about DMH clients.	**OMCA** ` **PO**	**(A.1)** Generate report from Mental Health Information System (MHIS) to determine current demographic collection status	**(A.1)** Demographic information in report is available (entered) for 100% of case managed clients and all new applicants. • Re-evaluate / reduce number of entries stating "unknown" or "refusal" to provide information	**(A.1)** Demographic information in report is available (entered) for 100% of case managed clients and all new applicants.
		OMCA ` **CPS**	**(A.2)** Revise DMH service applications to improve likelihood of correct and complete data entry for race, ethnicity and preferred language. • Separate race and ethnicity • Provide drop-down lists	**(A.2)** Review audits on collected information bi-annually by local Multicultural Committees/CCAT and make additional adjustments to collection procedures as needed	**(A.2)** Review audits on collected information bi-annually by local Multicultural Committees/CCAT
			(A.3) Provide training on collecting accurate information. • Append instructions to application for users	**(A.3)** Provide training on collecting accurate information, as needed, to ensure complete information is collected. • Provide assessment skills	**(A.3)** Provide training on collecting accurate information, as needed, to ensure complete information is collected.

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Data & Research					
			• Develop pilot for users	instruction to all eligibility determination specialists, human service coordinator supervisors and human service coordinators	
		OMCA ` **CPS PO Info. Obj.A**	**(A.4)** Identify mental health disparities by service utilization, gaps and needs of racially/ ethnically/ and linguistically diverse populations.	**(A.4)** Share reports of aggregated demographic data with stakeholders and service providers on a quarterly basis and identify patterns, gaps, needs & recommended actions • Inpatient units, human service coordinators, quality management, forensic, investigations, provider services, et.al.	**(A.4)** Share reports of aggregated demographic data with stakeholders and service providers on a quarterly basis and identify patterns, gaps, needs & recommended actions • Review actions taken & develop further actions if needed • Inpatient units, human service coordinators, quality management, forensic, investigations, provider services, et.al.
	Objective B. Develop knowledge base of mental health disparities concerning racial, ethnic and cultural populations		**(B)** Compile and disseminate existing research and evidence informed practices on mental health disparities • CCAT • MAC	**(B)** Continue to compile and disseminate existing research and evidence informed practices and incorporate into service re-procurement and quality management processes. Make presentations to: • Dep. Commissioner on cultural competence and QM processes • Senior management team • State-wide managers meeting • Area Multicultural / Diversity Committees	**(B)** Continue to compile and disseminate existing research and evidence informed practices and incorporate into Quality Management Initiatives • Review / ensure that QM plan includes reduction of mental health disparities

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Data and Research	**Objective C.** Incorporate the unique needs of racial, ethnic and cultural populations research through collaboration with the DMH funded Research Centers for Excellence.		**(C)** Identify critical research needs in area of mental health disparities of racial/ethnic populations.	**(C)** Collaborate with Research Centers of Excellence to promote the value of racial, ethnic and cultural mental health research. Meet with Directors of Research Centers of Excellence to identify barriers to racial/ethnic research.	**(C)** Collaborate with Research Centers of Excellence to recruit and retain racially diverse research subjects. • Research Centers for Excellence identify racial, ethnic and cultural research topics • Research Centers for Excellence leverage DMH funding to secure external grants for racial, ethnic and cultural research. • Research Centers for Excellence train minority post-doctorate research fellows